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PERMISSION TO ENTER FORM

Date: _____, 20_____

I give permission for the Management Office and/or the Receiving Room at James Kilmer Condominium Association to grant access to my unit to the person(s) or vendor(s) listed below:

Name: _____

Affiliation (Vendor/Domestic/Family/etc.): _____

Date/Time of Entry: _____

Date/Time of Departure: _____

(Not required for Permanent Authorization)

Authorization: One-time Multiple Permanent (circle one)

I will not hold James Kilmer Condominium Association liable for any damage that the above-named person(s) or vendor(s) may cause to my unit or personal property:

Authorized Signature: _____

Signer's Printed Name: _____

Telephone Number: _____ Unit #: _____ J or K (circle one)

This form has been adopted for use by the James Kilmer Condominium Association as authorization for entry. Oral authorization cannot be accepted. Building personnel must have written authorization in order to grant admittance.

cc: Management Office Receiving Room Doormen